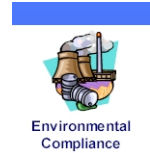




HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO: 12803

AIRS ID#: 0530039 **DATE:** 08/09/2012 **ARRIVE:** 10:35am **DEPART:** 12:44pm
FACILITY NAME: BREWER & SONS FUNERAL HOMES-CREMATORY
FACILITY LOCATION: 1190 S BROAD ST
 BROOKSVILLE 34601-3110
OWNER/AUTHORIZED REPRESENTATIVE: BARRY BREWER **PHONE:** (352)796-4991
Email: bville@brewerfuneral.com **Mobile:**
CONTACT NAME: TAMMY TOLBERT **PHONE:** (352)796-4991
Email: tammy@brewerfuneral.com **Mobile:**
ENTITLEMENT PERIOD: 2/26/2010 / 2/26/2015
 (effective date) (end date)

Facility Section

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: ONSITE INTRODUCTORY MEETING

(check only one box for each question)

1. Name(s) of facility representative(s): Robert Sencal (operator) and James Haney

Brief Notes: _____

2. Is the Authorized Representative still BARRY BREWER? ----- Yes ..No
 If no, who is?: _____
- If different, did the facility provide an administrative update within 30 days? ----- Yes ..No
3. Is the facility contact still TAMMY TOLBERT? ----- Yes ..No
 If no, who is?: _____
4. Will facility be conducting VE test(s) during today's inspection? ----- Yes ..No
 If yes, was the compliance authority notified at least 15 days in advance? ----- Yes ..No

Emissions Unit Section
1 – Human Crematory-prim/2ndarychmbrs/opac.temp.monitrs/NGfired

PART I: FILE REVIEW PRIOR TO INSPECTION

(check only one box for each question)

1. a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? ----- Yes ..No
- b. If yes, were design calculations provided then to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? ----- Yes ..No
2. Crematory unit installed after February 1, 2007? ----- Yes ..No
3. Date of last inspection: 02/08/2010
4. Past Visible Emissions (VE) tests:
- a. Was a VE test performed within each of the past 4 calendar years? ----- Yes ..No
- b. Has a VE test been performed yet within the current calendar year? ----- Yes ..No
- c. If first year of operation, was a VE test performed within 30 days of commencing operation? ----- N/A Yes ..No
- d. Date of last VE test: 03/17/2011
- e. Was the VE test report filed with the compliance authority no later than 45 days after the test? ----- Yes ..No
- f. Did the facility demonstrate compliance during the last VE test? ----- Yes ..No
- If no, what was the problem (if known)?

PART II: VISIBLE EMISSIONS TESTING

(check only one box for each question)

1. **Was a visible emissions test conducted by the facility for this unit during this site visit?** ----- Yes ..No
- a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? ----- Yes ..No
- b. Was the visible emissions test conducted according to EPA Method 9? ----- Yes ..No
- c. The visible emission test resulted in an opacity of _____ % for the highest six minute average.
- d. Did the visible emission test demonstrate compliance with the limit? ----- Yes ..No
- (5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour)
2. **Was a visible emissions test conducted by the inspector during this site visit?** ----- Yes ..No
- a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? ----- Yes ..No
- b. Was the visible emissions test conducted according to EPA Method 9? ----- Yes ..No
- c. The visible emission test resulted in an opacity of _____ % for the highest six minute average.
- d. Did the visible emission test demonstrate compliance with the limit? ----- Yes ..No
3. **Is there any reason to ask for a special test to determine compliance with the PM and CO standards?** ----- Yes ..No
- If yes, what reason?

PART III: MONITORING/RECORDKEEPING REQUIREMENTS

(check only one box for each question)

1. **Were there any objectionable odors detected?** ----- Yes ..No
- An upwind/downwind survey of the facility was conducted. The observed parameters were:
 Downwind odor level detected- _____ Wind direction - _____ Upwind odor level detected- (1-10)
2. **Continuous Monitoring Systems –**
- a. Is a continuous temperature monitoring system installed on each unit to record temperatures in the secondary chamber in accordance with the manufacturer's instructions? ----- Yes ..No
- b. Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at 1,800¹ 1,600² degrees was determined? ----- Yes ..No
- (Application or initial notification: ¹ received on or after 8/30/89; ² received before 8/30/89)

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)

- c. Are the following records kept on file, available for inspection, for at least the past two years?
- 1) All temperature measurements ----- Yes ..No
 - 2) all continuous monitoring systems, monitoring devices, and performance testing measurements;
monitoring system all continuous performance evaluations ----- Yes ..No
 - 3) All CEMS or monitoring device calibration checks (last performed on (7/26/12)) ----- Yes ..No
 - 4) Adjustments ----- Yes ..No
 - 5) Preventive maintenance performed on systems/devices ----- Yes ..No
 - 6) Corrective maintenance performed on systems/devices ----- Yes ..No
- d. Are the temperature charts properly documented with operator name, operator indication of when cremation in the primary chamber was begun, date, time, and temperature markings ----- Yes ..No
- e. Was the crematory unit installed after **2/1/07**? If no, skip e.(1) – (3) ----- Yes ..No
- (1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically control combustion based on continuous in-stack opacity measurement? ----- Yes ..No
 - (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? ----- Yes ..No
 - (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer’s recommended maintenance schedule? ----- Yes ..No

PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES

(check only one box for each question)

1. If the application to construct was **BEFORE** August 30, 1989 is the:
- a. actual operating temperature of the secondary chamber combustion zone no less than **1400°F** throughout the combustion process in the primary chamber? ----- Yes ..No
 - b. secondary chamber combustion zone temperature equal to or greater than **1400°F** before the cremation process begins in the primary chamber? ----- Yes ..No
2. If the application to construct **ON** or **AFTER** August 30, 1989 is the:
- a. the actual operating temperature of the secondary chamber combustion zone no less than **1600°F** throughout the combustion process in the primary chamber? ----- Yes ..No
 - b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? ----- Yes ..No

PART V: ALLOWED MATERIALS

(check only one box for each question)

1. *Other than* human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit? ----- Yes ..No
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? ----- Yes ..No
If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? Yes ..No

PART VI: EQUIPMENT MAINTENANCE

(check only one box for each question)

- 1. Is the crematory unit maintained in accordance with the manufacturer's specifications? ----- Yes ..No
- 2. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? ----- Yes ..No
- 3. Does the crematory allow for a visible check on the flame characteristics? ----- Yes ..No
If no, skip a. – b.
 - a. Was the flame characteristic visually checked at least once during each operating shift? ----- Yes ..No
 - b. Was the flame adjusted when necessary? ----- Yes ..No

PART VII: EU INSPECTION COMPLIANCE STATUS (check only one box)

- IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

Facility Section (continued)

SPECIAL CONDITIONS AND PROCEDURES

(check only one box for each question)

Administrative Changes:

- 1. Were there any changes in the name, address, or phone number of the facility or authorized representative not associated with a change in ownership or with a physical relocation of the facility or any emissions units or operations comprising the facility; or any other similar minor administrative change at the facility? ---- Yes ..No
- 2. If yes, did the facility provide written notification within 30 days of the change? ----- Yes ..No

New or Modified Process Equipment or Change in Ownership:

- 3. Since the last registration form submittal has there been ----- Yes ..No
 - a. Installation of any new process equipment? ----- Yes ..No
 - b. Alterations to existing process equipment without replacement? ----- Yes ..No
 - c. Replacement of existing equipment with equipment that is substantially different? ----- Yes ..No
 - d. A change in ownership? ----- Yes ..No
- If the any answer to 3a. – d. is Yes , was a new registration form and the appropriate fee submitted 30 days prior to the change? ----- Yes ..No

Wendy D. Akins

08/09/2012

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: The purposes of this inspection was to investigate Complaint No. 12803. Upon arrival near the facility, I pulled into a location where I could observe the stack of the cremation unit. I observed the unit in operation for several minutes and noted no emissions, only heat from the stack. According to maintenance records the unit was rebricked on 7/16/12. The burn-off occurred on 7/24-26/2012. The malfunction which prompted the complaint call from Mr. Schuller occurred on 07/26/2012. Facility provided documentation showing a repair was conducted on July 27, 2012 by American Crematory Equipment Company. According to the repair document, the malfunction was caused by ceramic insulation that got sucked into the blower. I reviewed chart records from June 6, 2012 through August 8, 2012. The chart record for July 28, 2012 indicated an afterburner reset during cremation #124664, the cremation unit operator (Mr. Robert Sencal) noted that the afterburner reset may have been caused by a dirty spark plug. Mr. Sencal stated he cleaned it, and reset the unit, but the temperature did drop significantly. Mr. Sencal stated that the case in the unit during the malfunction was very small and the cremation was most likely complete prior to the malfunction. I reminded Mr. Sencal that non-compliance issues should be reported to the Department as soon as possible and suggested that information

associated with the failure of the afterburner should have been reported to the Department. During my review of the June - August records as noted above, I discovered several other very minor issues with the documentation on the chart records. I discussed the chart records that had missing documentation with the facility's cremation unit operator and reviewed what is required. I discussed the need for Annual VE Testing prior to December 31, 2012 and Mr. Sencal stated testing will be conducted soon. Mr. James Haney asked if the facility would receive a copy of the inspection report from today. I explained that we do not usually send copies of inspection reports out, but they could look at the facility's compliance and enforcement history on line. I committed to providing a link to the ACES website to Mr. Haney by email (email: James@Brewer funeral.com). On August 9, 2012, I contacted Mr. Haney by email to provide ACES website address. On August 10, 2012, I contacted the complainant Mr. Schuller to follow-up on my findings. I spoke with Ms. Susie Helms who was very pleased that the facility was able to quickly determine the problem and took immediate action to correct the smoke issue. Photos were not taken during my visit to this site. A copy of the repair documentation is attached to this report.

American

CREMATORY EQUIPMENT CO.

"SERVICE IS EVERYTHING"

CONTRACTOR'S LICENSE NO. 343495

MATERIALS	COST	JOB NAME
1 - Furnace Lamp Holders	\$15.00	Brewer + Sons F H
		CONTACT: James
		ADDRESS: 1190 S Broadway ST
		CITY: Brooksville STATE: FL 34601
		DATE: 7/27/12 TIME ARRIVAL: 13:00
		CUSTOMER COMPLAINT: PPII recently rebuilt Smokes on Every case
SUB-TOTAL		
TAX		
LABOR (4 HR. MIN.) \$109.00 /HR. X 2 HRS.	\$218.00	
FREIGHT (MATERIALS)		
MILEAGE \$0.99 /MILE X 130 MILES	\$128.70	
TECH TRAVEL TIME \$69.00 /HRS X 3 Hrs	\$207.00	
AIR TRAVEL		
LODGING - PER DIEM /DAY X DAYS		
CAR RENTAL		
TOTAL CHARGE		\$568.70
REMARKS Found r/k Roof insulated with ceramic fiber under blower. Blower had sucked ceramic fiber into blower inlet. Removed ceramic fiber blanket from under blower. Checked Air settings. Replaced Door closed light lamp holder		
		• AUTHORIZATION • The undersigned being a responsible employee for the above named job, does hereby authorize all necessary repairs to equipment herein, and agrees to pay for same upon completion of job. If funds are not available for payment, the undersigned representing said job, further agrees to pay per diem expenses until said payment is made.
		"NOTICE TO OWNER" (Section 7019 - Contractors License Law) Under the Mechanic's Lien Law, any contractor, subcontractor, laborer, materialman or other person who helps to improve your property and is not paid for his labor, services or material, has a right to enforce his claim against your property. Under the law you may protect yourself against such claims by filing, before commencing such work of improvement, an original contract for the work of improvement or a modification thereof, in the office of the county recorder of the county where the property is situated and requiring that a contractor's payment bond be recorded in such office. Said bond shall be in an amount not less than fifty percent (50%) of the contract price and shall, in addition to any conditions for the performance of the contract, be conditioned for the payment in full of the claims of all persons furnishing labor, services, equipment or materials for the work described in said contract.
		Customer Signature: <i>Robert Sewell</i>
		Receipt _____ Paid _____ Date _____
		Check No. _____ Cash _____
		Signature _____
		ACE Co. Field Engineer: <i>LARRY SCHWARTZ</i>
TIME CLOCK:		
DEPART PLANT		
ARRIVE JOB		
COMPLETE JOB		
ARRIVE PLANT		

Thank You, We Appreciate Your Business!